

Kelly

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Automatically sourced social media content

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Chapter overview

This chapter introduces, illustrates, and analyses the finding that young people are open and vulnerable to rampant commercialism on social media. Data suggest that young people do not necessarily look or search for health-related information on social media, yet they see a significant number of health-related posts because of the algorithms embedded within social media sites and the unethical actions of commercial parties. This chapter argues that young people should be supported to develop deeper understandings of the algorithms embedded within social media and how these control and manipulate what young people can see, access, and use.

A digitally animated case study video of the evidence presented in this chapter can be accessed from: <http://epapers.bham.ac.uk/3055/>

Chapter structure and underpinning evidence

This chapter is organised into three main sections. In Section One, a narrative of a young person – Kelly – is presented to tell the story from the perspective of young people about the pervasive acts of commercialism found on social media. The narrative was constructed from an extensive data set (as detailed in Chapter 1) and it illustrates the voices and experiences of over 1,300 young people in the UK. Direct quotes from the data are shown in quotation marks. In Section Two – the stakeholder response – an interpretation of the narrative and recommended actions for research, policy, and practice are provided. The profile of the stakeholder group was international, multi-sector, and multi-disciplinary and included teachers, international academics (UK, Ireland, Sweden, Netherlands, Spain, Australia, China), and trusts/organisations in the UK (such as NHS, Youth Sport Trust) that have a focus on youth health and wellbeing. The stakeholder group watched a digital animated video of the case study narrative¹ and collaborated to produce the response during a one-day workshop (as detailed in Chapter 1). In Section Three, the key messages that emerge from the narrative and the stakeholder response are summarised.

Section One: young person's narrative – Kelly

A world without social media: 'are you mad?!'. Kelly has all the social media sites. She has Snapchat, Instagram, WhatsApp, YouTube, Facebook, Twitter, Tumblr ... the list goes on. There isn't a social media site that she 'hasn't got an account on'. Kelly 'doesn't use them all' though, 'she just has the accounts'. She keeps them all so she can 'contact friends' and be contacted at any time. Social media is a good way to 'talk to people quickly'; 'especially about homework', and you 'can have great group chats'. *Kelly uses social media to communicate and so she can always be **connected to her friends**.*

Kelly mainly uses 'Snapchat and Instagram'. She said that 'everyone else had them' so she 'just followed everyone else'. Snapchat is the most popular. For Kelly, it's got to the stage now where if you 'haven't got Snapchat, it means you're a dead person'. Besides, 'no one ever texts nowadays'. Why text when you can 'just take a picture' and post it to Instagram or Snapchat a video? It's just easier, it's 'quick'. 'People our age mostly post images and videos and we only really look at images and videos'. *Kelly's use of social media is influenced by what **everyone else does**, and communication occurs through **images and videos**.*

When you can't be on Snapchat or Instagram you have to tell 'everyone else' why, otherwise they'll think you're ignoring them or that you're in a mood, and 'everyone else' will find out about it. So 'if you haven't got any Wi-Fi' or 'you haven't got data', you put 'no-reply'. 'If you're in a mood you put, not in the mood, no replies ... NITM'. *Kelly has to post to social media to **explain why she will be disconnected from her friends**.*

Kelly's engagement with social media for health

Kelly doesn't associate social media with health; after all, she uses it primarily to stay *connected with her friends*. She doesn't post *images* or *videos* about her diet, her sleep, how she exercises, or any images of her body. Her friends don't either. This is 'personal' information and she just 'doesn't see the point'. Kelly wouldn't look for anything related to health on social media either. She hears enough about it at school, from her 'teachers' and in 'PE'. *Kelly would **not post or look for anything related to health on social media**.*

Kelly does, however, see *images and videos* on diet, sleep, exercises, and body image. 'Sponsored *videos* and pictures come up', sometimes just 'randomly'. The adverts are mainly from commercial brands, like 'Nike and Adidas'. There are also sponsored adverts on 'diets', 'vitamins', or these new types of 'water diets'. Kelly doesn't choose to see these health-related posts but they're 'everywhere'. The posts related to health are all over social media. Kelly *sees **images and videos related to health***, even though she doesn't look for them.

Aside from the *sponsored adverts*, Kelly mainly *sees images and videos* related to health through the Search and Explore function on Instagram. She says 'on Instagram there's like this search page [Explore], so when you scroll down

it's like just random things from anyone'. Yet 'loads of health' posts keep 'popping up', particularly the ones related to diets. Kelly *sees* these posts because of the algorithms embedded within Instagram. This is seen through the Explore button. The Explore button tailors what you see on Instagram based on the images the people you follow post, and/or the images the people you follow like.² In addition, Instagram says they also 'include posts from a mixture of hand-picked and automatically sourced accounts based on the topics we think you'll enjoy'. This means that the friends Kelly is connected to (i.e. those she follows) are either liking images or following other people outside of her peer network who post *images* about health. Instagram is also selecting the topics of posts that Kelly sees. *Kelly sees images and videos related to health because of the friends she is connected to and the automatically sourced accounts.*

Kelly says that she swipes past or just 'scrolls through' the *images and videos related to health*. Most of the time she doesn't think that their content is 'important for her age group' because 'people her age shouldn't be dieting'. Besides, the images send the wrong message and make it look as if there are 'shortcuts' to a healthy life. For example, although an advert says you can lose weight in '2 days', for others 'it might take 2 weeks'. Kelly *ignores* most of the health posts she sees, as they are *not appropriate for people her age*.

Kelly's friends to whom she is *connected* must be looking at images and videos related to diet drinks. 'Healthy' teas, coffees, and smoothies just 'come up'. Kelly 'doesn't choose to look at it', but they are just there when she goes onto Explore because of the algorithms of Search and Explore. Kelly can now explain what the 'healthy' teas are. She says FitTea 'is some tea that makes you healthy'. Kelly isn't exactly sure why it's healthy, but she thinks it's to do with 'protein in the tea'. But there are 'loads of different types' of these 'healthy teas' and they must be 'really popular', otherwise she wouldn't see them all the time or know what they are. *Kelly has learned of a diet drink from social media because of the friends she is connected to and the automatically sourced accounts.*

'Loads of people' at Kelly's school are now 'drinking green tea' and other 'types of healthy teas'. Kelly says that they have started 'taking things that are bad for the body' which can lead to things like 'anorexia'. Despite Kelly knowing the risks, she has started to copy what *everyone else does*. Because *everyone else* looks at stuff on Explore, she has started to pay more attention to the posts, adverts, and sponsored things she sees. Where previously she would not even entertain the idea of looking at health-related posts, she now says, 'I might take a look at them', even though 'they're not something I am searching for'. *Kelly now looks at images and videos related to health on social media because of the friends she is connected to and because it is what everyone else does. To stop seeing these videos and images, Kelly would need to disconnect from her friends on social media – which is unthinkable.*

Narrative summary

Kelly uses social media to communicate and so she can always be **connected to her friends**. The ways in which Kelly uses social media to communicate are influenced by what **everyone else does**, and mainly by her peers. For Kelly, and other young people her age, communication on social media primarily occurs through **images and videos**. The desire to be connected continuously to her friends through social media is apparent, particularly because Kelly feels she must post to social media to **explain why she will be disconnected** from her friends; that is, when she won't be on social media. Kelly would **not post or look for** anything related to health on social media. However, Kelly **sees images and videos related to health**, even though she also doesn't look for them. Kelly sees images and videos related to health because of **the friends she is connected to on social media and automatically sourced accounts**. Kelly **ignores** most of the health posts she sees because she is aware that they are **not appropriate for people of her age**. Yet, Kelly has **learned about a diet drink from social media** because of the friends she is connected to and automatically sourced accounts. Kelly now **looks at** images and videos related to health on social media because of the friends she is **connected to** and because it is what **everyone else does**. To stop seeing these videos and images, Kelly would need to **disconnect from her friends** on social media – which is unthinkable.

Section Two: stakeholder response

Social media can have a positive impact on young people's health and wellbeing because it increases and strengthens the opportunities young people have to *sustain* and *develop* peer relations. At the same time, the desire to stay constantly connected to peers on social media – as seen in Kelly's narrative – leaves young people open and vulnerable to a range of pervasive acts of commercialism. This exposure can impact negatively on young people's health-related behaviours, including diet/nutritional intake and body image perception. To address these risk-related impacts, young people need to develop deeper understandings of the algorithms used in social media and how these control and manipulate what young people can see, access, and use. Young people also need to develop critical skills to navigate the potentially unethical actions of commercial parties.

Sustaining and developing peer relations

Social media can be a powerful platform to support young people to *sustain* and *develop new peer relations*. Given that peer relations are frequently associated with health and wellbeing, the case study narrative illustrates a potentially positive impact of social media use on young people's social and emotional wellbeing. In particular, through social media, Kelly is able to sustain her contact with peers through easy and quick interactions. For example, by viewing the videos and images that Kelly posts to social media, Kelly's peers are able to gain

deeper understandings of her personal, social, and emotional wellbeing. As a result, Kelly's peers could have an enhanced capacity to offer/provide social and emotional support to meet Kelly's needs at any point in time.

Social media also has the capacity to support young people to *develop* new peer relations through the ease of access to an expansive peer network. For example, the Search and Explore function enabled Kelly to see images and videos posted by people whom she did not know personally, but who clearly shared similar interests. This broad, yet personalised network has the potential to benefit young people by providing them with increased opportunities to collaborate and learn from others.

Easy commercial targets

Young people are easy commercial targets on social media. It would appear that both young people and adults are somewhat naïve about the unethical actions of commercial parties. Young people are particularly vulnerable to the pervasive health-related marketing strategies and subliminal commercial messaging that appear on social media. In other words, young people and adults often fail to appreciate that the reason health-related material reaches them – even though they have not actively searched for it – is because commercial parties have ‘invaded’ their social media peer networks.

Kelly's experiences of using Instagram highlight that commercial parties are highly skilled in manipulating the content young people consume and reproduce. Companies such as FitTea ensure that their products reach young people through increased visibility, generated by invading young people's social media peer networks. In addition, commercial parties use meta-data to ‘ping’ certain products to young people and to place sponsored adverts onto their timelines. These actions could be regarded as unethical given that they ruthlessly target young people for commercial gain.

The constant invasion of young people's social media networks by commercial parties is a clear risk for young people's health and wellbeing. Kelly's experiences highlight how young people can be trapped in an endless cycle of consuming and producing inappropriate health-related products simply because they are present in a wide online peer network. The narrative indicates that these posts can lead to potentially harmful health-related products being accepted as ‘healthy’, and that young people are too trusting, with the potential outcome that some could act unwisely on the basis of largely unregulated information.

Considerations

Unfettered access to social media is regarded by young people as a ‘right’ that is also essential for their wellbeing

Engaging with social media and using digital technologies are a *way of living* for young people. Numerous sites, apps, and devices are used multiple times a day

and are woven into the very fabric of contemporary youth culture. Young people primarily use social media to stay connected to their friends and this connectedness could be regarded as a positive influence on their social and emotional well-being. It is, perhaps, unsurprising that young people regard unfettered access to social media as a 'right'.

Young people and adults need to be better informed about the risk-related impacts of social media on young people's health and wellbeing

When young people use and engage with social media they encounter significant amounts of unsolicited and unregulated health-related material, and this can result in harm. To address these risks, both young people and adults need a deeper understanding of the ways in which commercial interests use social media to control and manipulate what young people see and access, and enhanced critical skills to help them to navigate this commercial invasion of their digital spaces. There are clear opportunities for schools/teachers and parents/guardians to support young people to be more critically aware of the information they see and access. The development of evidence-based constructivist and experiential learning tasks could be one way forward, but it has to be recognised that most adults are out of their depth in the digital spaces inhabited by youth; and young people are very aware of this. Adults themselves require new forms of support so that they are in a better position to support young people more effectively.

Section Three: key messages from the case

This case has identified that although young people do not necessarily look or search for health-related information on social media, they see a significant number of health-related posts because of the algorithms embedded within social media sites and the unethical actions of commercial parties. The case suggests that young people should be supported to develop deeper understandings of the algorithms used in social media and how these control and manipulate what young people can see, access and use. A summary of the key messages from the case can be found in Table 2.1.

Table 2.1 Key messages about automatically sourced content

Characteristics of Young People's Uses of Social Media for Health	Young people use social media to communicate and to stay connected to their peers. Many young people would not post or look for anything related to health on social media. Yet, young people see images and videos related to health because of the algorithms embedded within social media, such as automatically sourced accounts. While many young people ignore most of the health posts they see – as they understand that they are not appropriate for people their age – some young people begin to learn about the health-related products that are promoted to them through their peer networks, and by the algorithms. To stop seeing these videos and images, young people would need to disconnect from their friends on social media – which is unthinkable.
Stakeholder Response Focused on Young People's Uses of Social Media for Health	Social media can be a powerful platform to support young people to sustain and develop new peer relations. At the same time, young people are vulnerable to the pervasive health-related marketing strategies and subliminal commercial messaging that appear on social media. Posts made by commercial parties can influence young people to engage in harmful health-related behaviours, that can be inappropriate for their stage of development.
Considerations for Research, Policy, and/or Practice	Unfettered access to social media is regarded by young people as a 'right' and is also essential for their wellbeing. Young people and adults need to be better informed about the risk-related impacts of social media on young people's health and wellbeing.

Notes

- 1 The digital animated case study narrative video of Kelly can be accessed here: <http://epapers.bham.ac.uk/3055/>
- 2 Search & Explore: We're always working to update the types of photos and videos you see in Search & Explore to better tailor it to you. Posts are selected automatically based on things like the people you follow or the posts you like. You may also see video channels, which can include posts from a mixture of hand-picked and automatically sourced accounts based on topics we think you'll enjoy: <https://help.instagram.com/487224561296752>